

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SIC	858	2/18/01
RESPONSE FORMALITY REVIEW	HA	858	03-20-01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	Original
1	12/9/00
2	12/12/00
3	12/12/00
4	12/12/00
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50	12/12/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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